

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 JUL 23 AM 9:00

Office Use Only **FEC MAIL CENTER**

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CAPITALIST PAC

ADDRESS (number and street)

PO Box 4844



Check if different  
than previously  
reported. (ACC)

Salt Lake City

UT

84110-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00547182

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



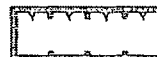
Convention (12C)



Special (12S)

Report for the:

Election on



in the  
State of



(d) 30-Day



General (30G)



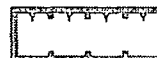
Runoff (30R)



Special (30S)

Report for the:

Election on



in the  
State of



5. Covering Period

04

01

2014

through

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Blake Hall

Signature of Treasurer

*[Signature]*

Date

07

01

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**

Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

04 01 2014

To:

06 30 2014

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1,   |                         |                                   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   |                         |                                   |
| (c) Total Receipts (from Line 19) .....   |                         |                                   |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      |                         |                                   |
| 7. Total Disbursements (from Line 31) .....   |                         |                                   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 |                         |                                   |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  |                         |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... |                         |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll-Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

DETAILED SUMMARY PAGE

Page 4

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

- 
- The image displays a collection of 20 blank, lined pages from a notebook, arranged in two columns of ten. Each page features a decorative border and a small circle in the top right corner. The pages are white with light blue horizontal ruling. The circles in the top right corner are drawn in a light blue or grey ink. The pages are slightly aged and show some minor discoloration and wear along the edges. The overall layout is clean and organized, typical of a blank notebook or a set of index cards.

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        |                               |                                   |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    |                               |                                   |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... |                               |                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              |                               |                                   |

# STONINGTON



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Capitalist Pac*

Full Name (Last, First, Middle Initial)

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p> |
| <p><b>B.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p> |
| <p><b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional).....▶</p>  |   |
| <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>   |   |

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE      OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

*Capital BT PAC*

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....▶

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page        of Schedule C

|  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (In Full)<br><div style="font-size: 1.5em; font-family: cursive;">Capitalist PAC</div>   |  | <b>FEC IDENTIFICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C00547182</div>  |  |
| <b>LENDING INSTITUTION (LENDER)</b><br>Full Name   |  | Amount of Loan<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>   |  |
| Mailing Address  |  | Interest Rate (APR)<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> %  |  |
| City                      State    Zip Code  |  | Date Incurred or Established<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div> |  |
|  |  | Date Due<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>                     |  |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>   |  |  |  |
| B. If line of credit,<br>Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>  |  | Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>   |  |
| C. Are other parties secondarily liable for the debt incurred?<br><input type="checkbox"/> No <input type="checkbox"/> Yes    (Endorsers and guarantors must be reported on Schedule C.)   |  |  |  |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?<br><input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, specify: _____   |  | What is the value of this collateral?<br><div style="border: 1px solid black; width: 150px; height: 1.2em;"></div><br>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, specify: _____  |  | What is the estimated value?<br><div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>  |  |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).<br>Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>  |  | Location of account: _____<br>Address: _____<br>City, State, Zip: _____  |  |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.<br>_____   |  |  |  |
| G. COMMITTEE TREASURER<br>Typed Name<br>Signature  |  | DATE<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>                         |  |
| H. Attach a signed copy of the loan agreement  |  |  |  |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:<br>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.<br>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.<br>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. |  |  |  |
| AUTHORIZED REPRESENTATIVE<br>Typed Name<br>Signature   |  | DATE<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>                         |  |
| Title  |  |  |  |

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Capitalist PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE        OF         
 FOR LINE 24 OF FORM 3X

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><div style="font-size: 1.5em; font-family: cursive;">Capitalist PAC</div> | FEC IDENTIFICATION NUMBER ▼<br><div style="border: 1px solid black; padding: 2px;">C60547187</div> |
|--|--|

Check if ☐ 24-hour report    ☐ 48-hour report    ☒ New report    ☐ Amends report filed on   MM   /   DD   /   YYYY  

|  |   |
|--|---|
| Full Name of Payee   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 0 5px;">  MM  </span> / <span style="border: 1px solid black; padding: 0 5px;">  DD  </span> / <span style="border: 1px solid black; padding: 0 5px;">  YYYY  </span> |
| Mailing Address  | Amount<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>  |
| City                                  State                                  Zip Code  |   |
| Purpose of Expenditure   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 0 5px;">  MM  </span> / <span style="border: 1px solid black; padding: 0 5px;">  DD  </span> / <span style="border: 1px solid black; padding: 0 5px;">  YYYY  </span>        |
| Name of Federal Candidate  | Category/Type <span style="border: 1px solid black; padding: 0 5px;">  </span>  |
| <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: <u>      </u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>      </u> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ <u>      </u>   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>   |   |

|  |   |
|--|---|
| Full Name of Payee   | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 0 5px;">  MM  </span> / <span style="border: 1px solid black; padding: 0 5px;">  DD  </span> / <span style="border: 1px solid black; padding: 0 5px;">  YYYY  </span> |
| Mailing Address  | Amount<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>  |
| City                                  State                                  Zip Code  |   |
| Purpose of Expenditure   | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 0 5px;">  MM  </span> / <span style="border: 1px solid black; padding: 0 5px;">  DD  </span> / <span style="border: 1px solid black; padding: 0 5px;">  YYYY  </span>        |
| Name of Federal Candidate  | Category/Type <span style="border: 1px solid black; padding: 0 5px;">  </span>  |
| <input type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: <u>      </u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>      </u> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ <u>      </u>   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>   |   |

|   |  |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ |  |
| (c) TOTAL Independent Expenditures.....▶                  |  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date   MM   /   DD   /   YYYY    
 07 / 01 / 2014

# SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

|                        |    |
|------------------------|----|
| PAGE                   | OF |
| FOR LINE 25 OF FORM 3X |    |

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Capitalist PAC</b>   |  |
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, name the designating committee: | Full Name of Subordinate Committee<br><br>Mailing Address<br><br>City State ZIP Code |

|   |   |               |
|---|---|---------------|
| Full Name (Last, First, Middle Initial) of Each Payee   | Purpose of Expenditure                                      | Category/Type |
| Mailing Address   | Date  |               |
| City State Zip Code   | Amount  |               |
| Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District: | Aggregate General Election Expenditure for this Candidate ▶ |               |

|   |   |               |
|---|---|---------------|
| Full Name (Last, First, Middle Initial) of Each Payee   | Purpose of Expenditure                                      | Category/Type |
| Mailing Address   | Date  |               |
| City State Zip Code   | Amount  |               |
| Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District: | Aggregate General Election Expenditure for this Candidate ▶ |               |

|   |   |               |
|---|---|---------------|
| Full Name (Last, First, Middle Initial) of Each Payee   | Purpose of Expenditure                                      | Category/Type |
| Mailing Address   | Date  |               |
| City State Zip Code   | Amount  |               |
| Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District: | Aggregate General Election Expenditure for this Candidate ▶ |               |

|   |  |
|---|--|
| SUBTOTAL of Expenditures This Page (optional).....▶       |  |
| TOTAL This Period (last page this line number only).....▶ |  |

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Capitalist PAC

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- ☒ Presidential-Only Election Year (28% Federal)
- ☒ Presidential and Senate Election Year (36% Federal)
- ☒ Senate-Only Election Year (21% Federal)
- ☒ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Capitalist PAC

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

Web Advertising Campaign

ACTIVITY IS:

☒ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☒ Same as Previously Reported

FEDERAL %

80%

NONFEDERAL %

20%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

NONFEDERAL %

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Capitalist PAC*

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE        OF         
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Capitalist PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

☐

Category/  
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

☐

Category/  
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

☐

Category/  
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT



# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Capitalist PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE      OF  
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Capitalist PAC*

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration      ☐ GOTV  
☐ Voter ID      ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration      ☐ GOTV  
☐ Voter ID      ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration      ☐ GOTV  
☐ Voter ID      ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/  
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

**TOTAL** This Period for the Levin Share

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

Capitalist PAC

NAME OF ACCOUNT

**COLUMN A  
TOTAL THIS PERIOD**

**COLUMN B  
YEAR-TO-DATE**

**1. RECEIPTS FROM PERSONS**

(a) Itemized .....  
 (Use Schedule L-A)

(b) Unitemized .....

(c) Total .....

**2. OTHER RECEIPTS .....**

**3. TOTAL RECEIPTS .....**

(Add Lines 1c and 2)

**4. TRANSFERS TO FEDERAL OR  
ALLOCATION ACCOUNT**

(Use Schedule L-B)

(a) Voter Registration .....

(b) Voter ID .....

(c) GOTV .....

(d) Generic Campaign .....

(e) Total .....

**5. OTHER DISBURSEMENTS .....**

**6. TOTAL DISBURSEMENTS .....**

(Add Lines 4e and 5)

**7. BEGINNING CASH ON HAND .....**

(for Column B, use cash as of January 1st)

**8. RECEIPTS .....**

(from Line 3)

**9. SUBTOTAL .....**

(Add Lines 7 and 8)

**10. DISBURSEMENTS .....**

(From Line 6)

**11. ENDING CASH ON HAND .....**

(Subtract Line 10 From Line 9)

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Capitalist PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

|                                      |                             |                            |
|--------------------------------------|-----------------------------|----------------------------|
| FOR LINE NUMBER:<br>(check only one) | PAGE                        | OF                         |
| <input type="checkbox"/> 4a          | <input type="checkbox"/> 4c | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 4b          | <input type="checkbox"/> 4d |                            |

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NAME OF COMMITTEE (In Full)

*Capitalist PAC*

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
|----|----|------|

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

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City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

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City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

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City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

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City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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SUBTOTAL of Disbursements This Page (optional).....

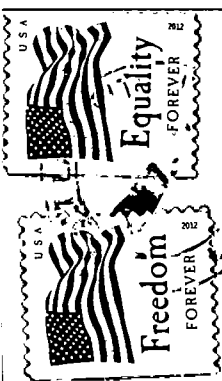
TOTAL This Period (last page this line number only).....

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Washington, DC 20463

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